



County of San Diego

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Medical Director's Update for Base Station Physicians' Committee May, 2012

The most recent hospital bypass data are at long time lows (please see attached graphs). This is good, and the hospitals should be congratulated for their efforts. Reducing bypass can come at the expense of off load delays. For field crews, if you see the ED is busy make sure someone acknowledges your arrival and begins identifying a bed. If you are not acknowledged promptly, talk to hospital staff. If it appears there will be a prolonged off load delay or there are multiple units waiting, speak to the charge nurse. EMS may be notified for assistance when prolonged off loads occur, especially if multiple units are involved. The EMS Duty Officer may then assist. The Duty Officer is not someone compiling data. Do not call the Duty Officer if you have left the scene, or have not attempted the measures above. Thanks for your help with this.

The Golden Guardian disaster drill occurs tomorrow, May 16, 2012 for the broad part of the system. The scenario will be a large earthquake on the Southern San Andreas Fault, and our system's need to take patients from the impacted area. Most EOCs will be activated, with participation by the hospitals.

Strike Out Stroke 2012 reached out to the community with information on stroke risk factors and how to reduce them. Blood pressure checks and other evaluations were done by the stroke hospitals at the PETCO entry gate. Special emphasis was placed on stroke warning signs and symptom awareness. The FAST stroke warning test was taught: Face—uneven smile, facial droop/numbness, vision disturbance; Arm & Leg—weakness, numbness, difficulty walking; Speech—slurred, inappropriate words, mute; Time—Time is critical, call 911. Chairman Ron Roberts of the Board of Supervisors taped a scoreboard message on stroke and threw out the first pitch. Gathered with him were “stroke survivors” who benefited from rapid evaluation and treatment, and excellent follow-up care.

This is an off year for protocol changes, but minor changes and education are being prepared. Audits reveal that midazolam use increased substantially after it was added to the Behavioral protocol. A Pearl from February cautioned against use in patients who were

intoxicated. The dose and/or contact criteria may be revised. Another educational focus will be on the increasing number of patients with left ventricular assist devices, which are now used more as a “destination” device, not simply a bridge to transplantation.

Policy changes include both the Do-Not-Resuscitate (Resuscitation, S-414) and Restraint (S-422) policies. DNR changes incorporate the POLST form, and clarify the Advance Health Care Decision law, including attorneys in fact. It also addresses orders in an electronic medical record, and destinations. Changes to the restraint policy add information on patients who are spitting at rescuers, and patient positioning and restraint of extremities.

iQCS testing continues and should be finished soon. Roll out will be sometime this summer with training beforehand.

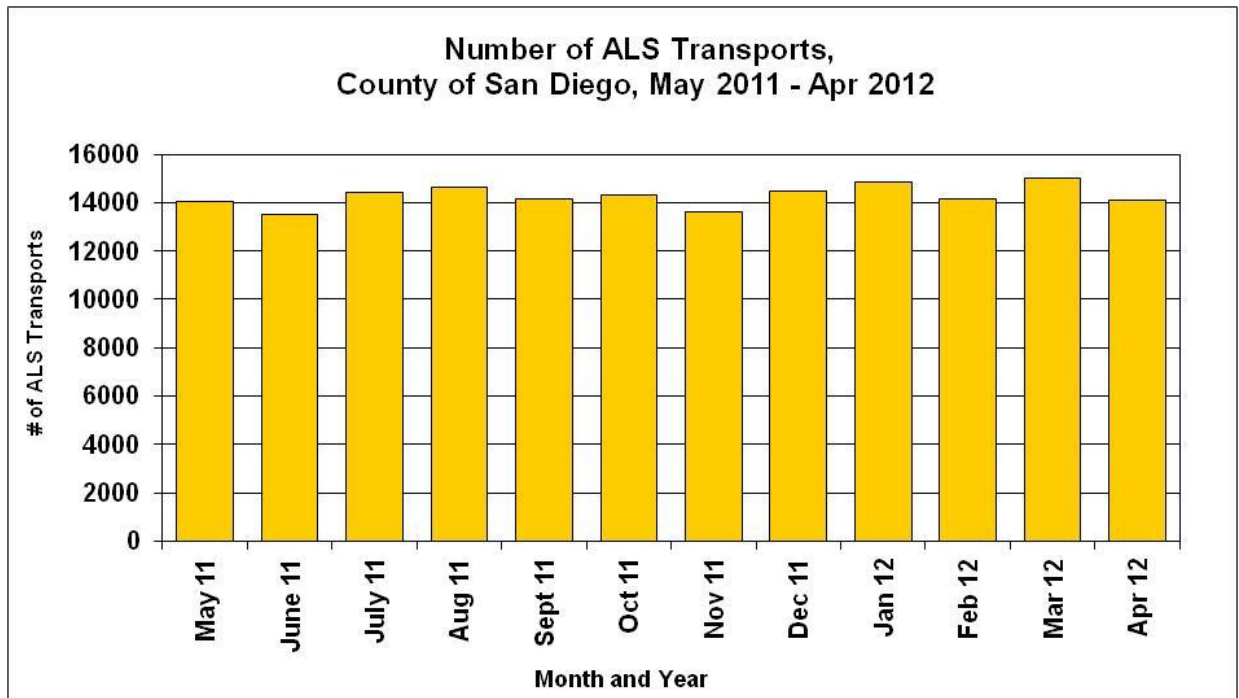
The state issued Emergency Medical Services for Children (EMSC) draft regulations. The proposal would set standards for identifying different levels of receiving hospitals, data systems, equipment standards, and performance improvement systems. Another draft will be circulated at some point.

Proposed paramedic regulations are also out again for comments. Changes being proposed include updating the basic scope of practice to reduce need for optional scope items, and changes in the proposal for paramedic CCT programs, including training and scope items.

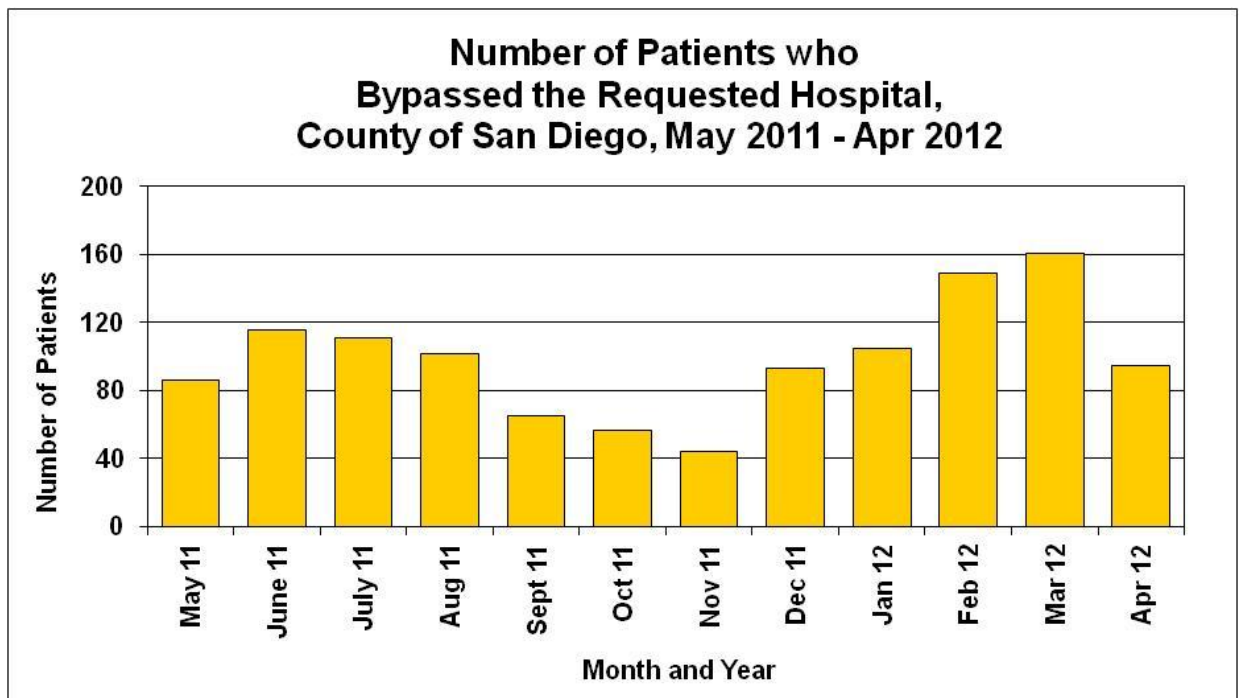
The first Advanced Emergency Medical Technician (AEMT) provider is close to approval. The Border Patrol BORSTAR team will be the provider, serving the border area.

EMS and the UCSD led Beacon initiative are working on the EMS Hub. This holds promise for improved data collection and availability of clinical information. One of the early goals is the transmission of field 12-lead EKGs.

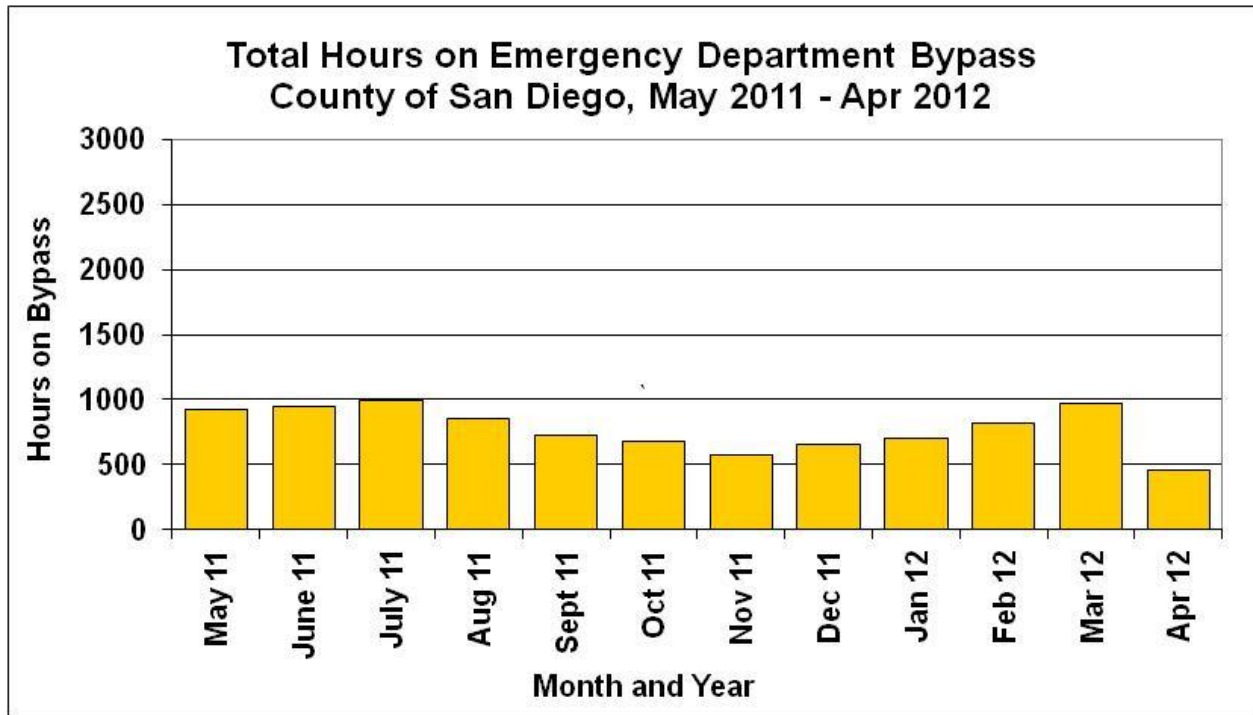
The trauma centers finished their verification reviews for continued designation. This occurs every three years.



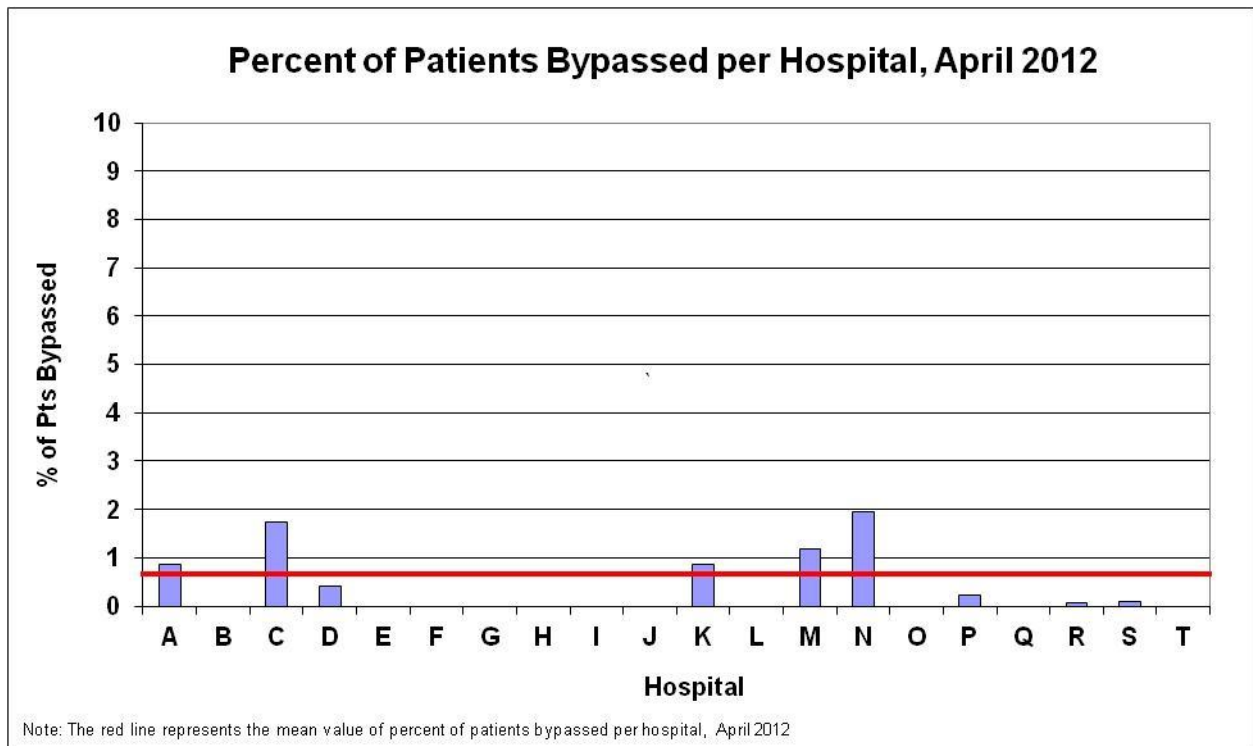
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, May 2011 – Apr 2012 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other



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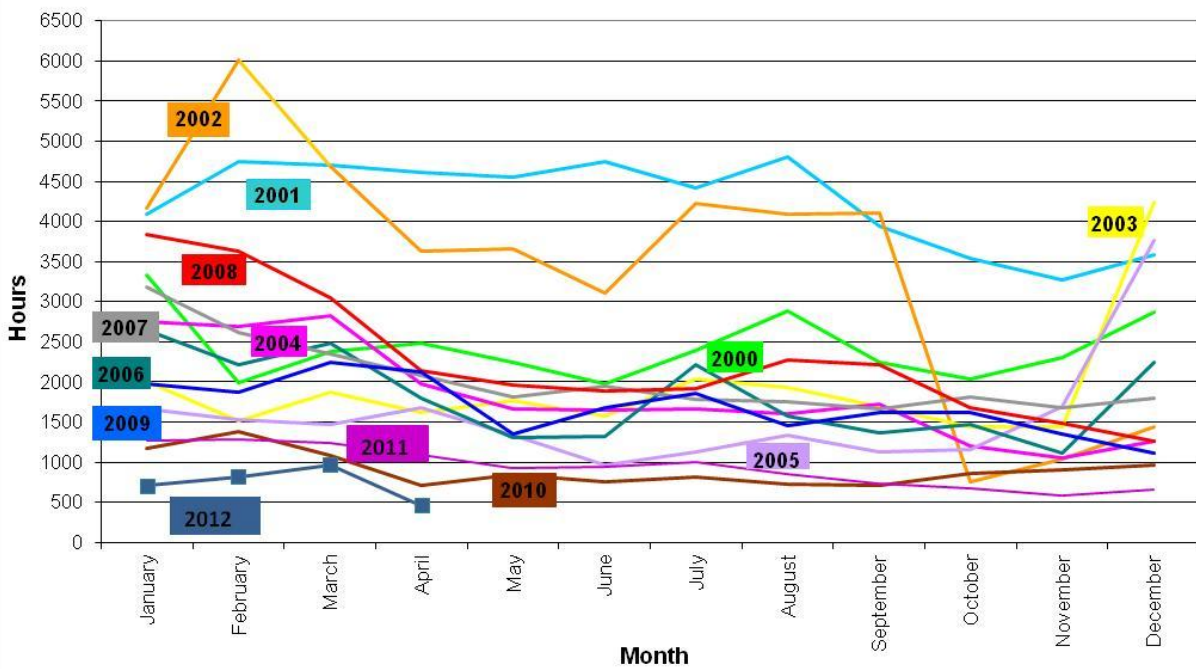


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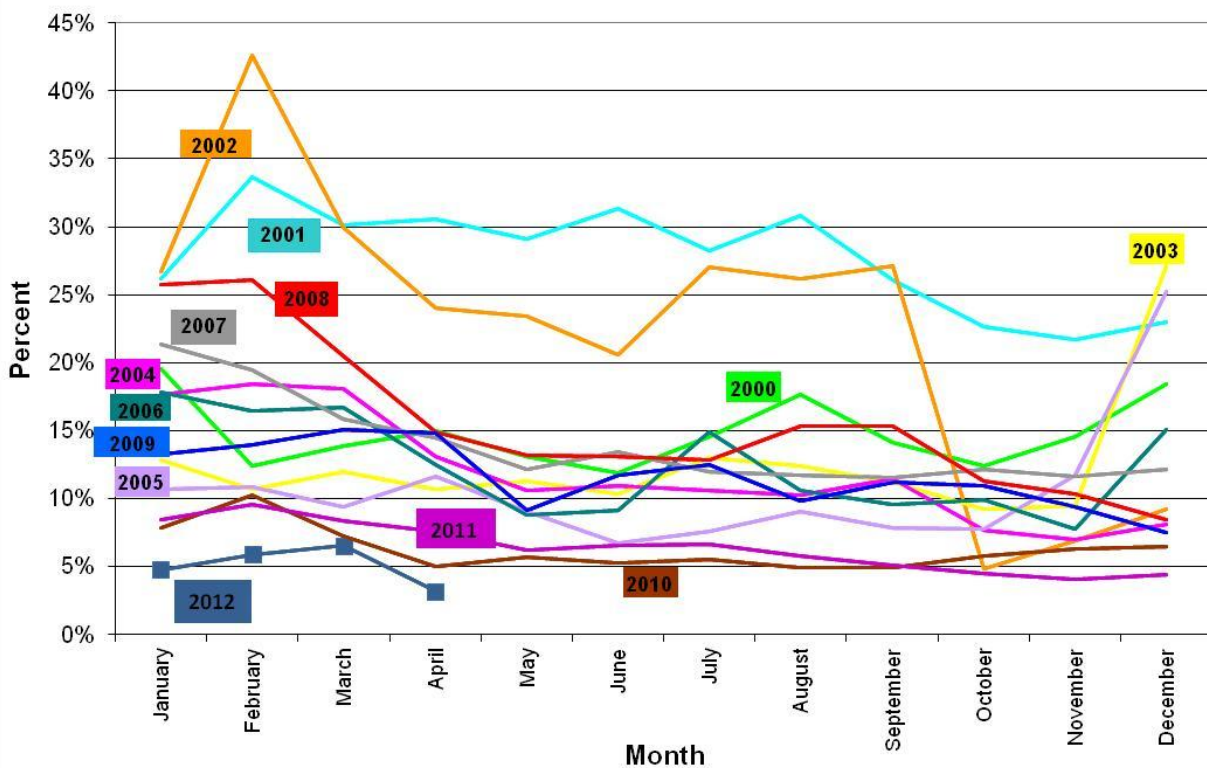
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Apr 2012
 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on ED Saturation by Month and Year, San Diego County, Jan 2000 - Apr 2012



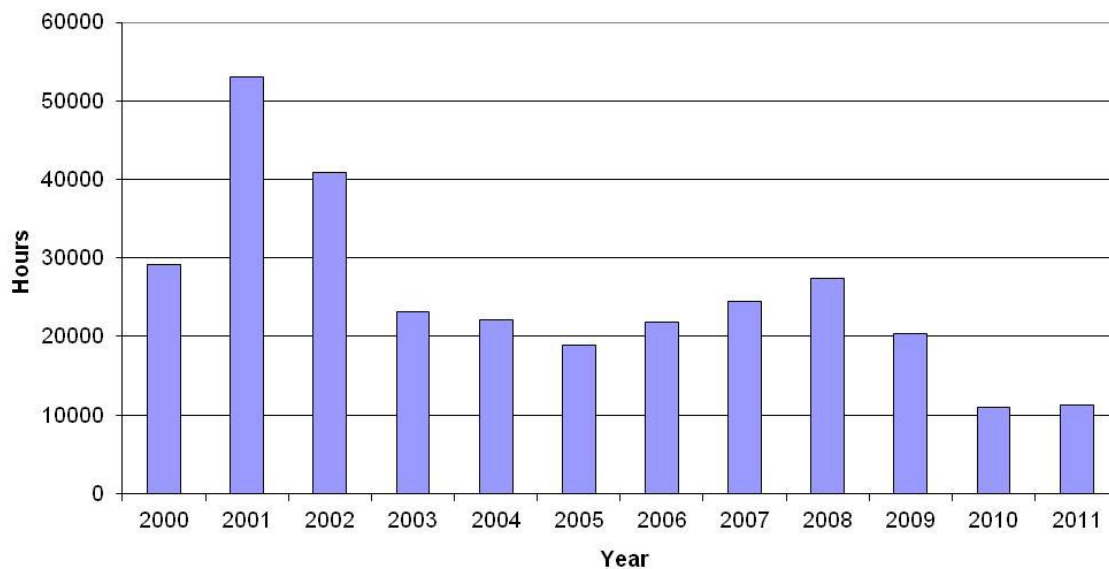
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 – Apr 2012

Overall Percent Hours on ED Sat Per Month San Diego County, Jan 2000 - Apr 2012



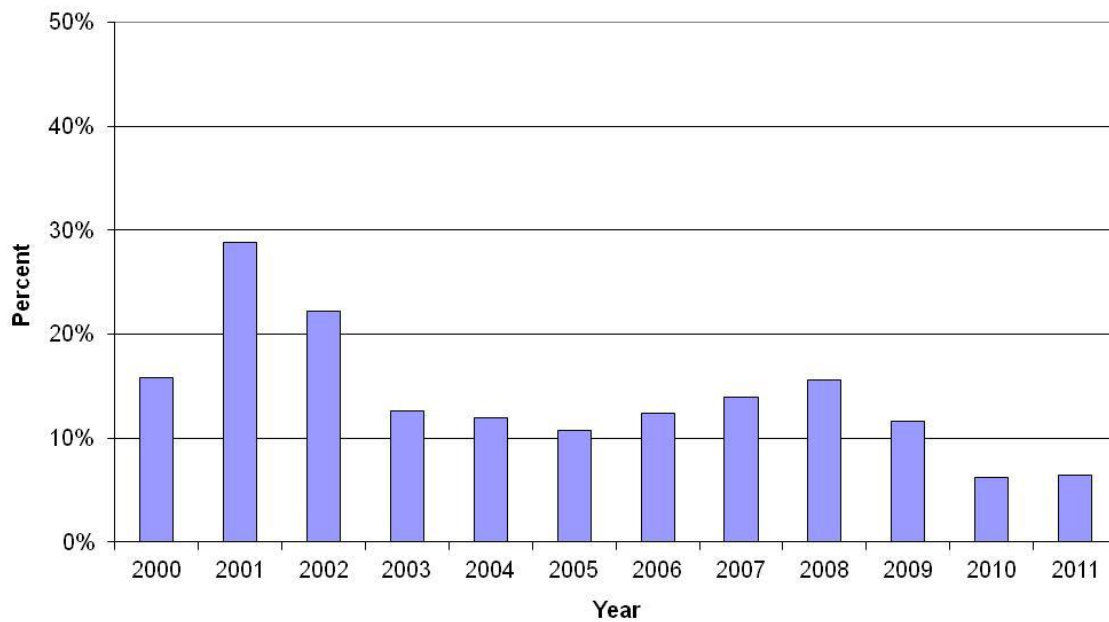
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –Apr 2012

**Total Hours on ED Saturation by Year,
San Diego County, 2000-2011**



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2011

**Overall Percent Hours on ED Saturation by Year,
San Diego County, 2000-2011**



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2011